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## BIB DATA SHEET

CONFIRMATION NO. 9781

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/723,728	11/26/2003	600	3737	139947YOD GEMS:0257
<b>APPLICANTS</b> Prathyusha K. Salla, Waukesha, WI; Gopal B. Avinash, New Berlin, WI; Jason A. Polzin, Lake Mills, WI;				
<b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 02/27/2004				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/JOEL LAMPRECHT/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance JML Initials	<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWINGS</b> 5	<b>TOTAL CLAIMS</b> 42
<b>INDEPENDENT CLAIMS</b> 5				
<b>ADDRESS</b> GE HEALTHCARE c/o FLETCHER YODER, PC P.O. BOX 692289 HOUSTON, TX 77269-2289 UNITED STATES				
<b>TITLE</b> Method and system for estimating three-dimensional respiratory motion				
<b>FILING FEE RECEIVED</b> 1338	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	